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CPHA health digest

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MEMBERS' UPDATE

New Chair Elect & Directors Take Office January 1, 2007

Further to the 2006 CPHA elections, we are pleased to announce the members of CPHA's Board of Directors. Cordell Neudorf was elected as Chair Elect. Jennifer Spencer will continue for two more years as a Director, bringing her skills in communications and marketing to the Board. Lynn McIntyre was acclaimed as a Director with a focus on business development. The term of office for these three members of the Board is two years and began on January 1, 2007.

Continuing Board members are:

- Ron de Burger, Chair (effective January 1, 2007), Ontario
- Erica Di Ruggiero, Director, Ontario
- Colleen M. Davison, Student Director, Alberta
- Paul Hanvey, External Director (Treasurer), Ontario
- Jeanette Ward (on leave until June 2007), Ontario
- Sue Hicks, Advisory Council, Manitoba

We want to thank all CPHA members who submitted nominations as well as the members of the Nominating Committee. The calibre of submissions was extremely high and it is exciting to recognize the level of interest and energy that exists among our membership. While it is not possible for everyone to be involved at the Board table, there will be other opportunities to make contributions via committee work and at the regional level through existing and new structures. We encourage members to take advantage of such opportunities to contribute to CPHA and to public health in Canada.

The Board of Directors will meet later this month to continue working on and moving forward with CPHA's Strategic Plan.

Ron de Burger, Chair, CPHA

This is an exciting time for CPHA and a new era for public health in Canada. Thank you for all your input and for your support.

Ron de Burger, CPHA Chair

CANADA HEALTH DAY 2007

Your Health, Your Future

For over 100 years, public health in Canada has been helping individuals take care of themselves, their families and communities. The major advances in life expectancy, overall health and quality of life that occurred in the twentieth century were the result of public health initiatives – providing vaccinations, clean water, pasteurization and better living conditions. Canada Health Day 2007 is an opportunity to celebrate public health in our everyday lives.

For more information on how you can celebrate Canada Health Day in your community, contact the Canadian Public Health Association at 613-725-3769 or go to the Canada Health Day website at www.cpha.ca/chd where you'll find background information, fact sheets, ideas for special events and more! ■

Public Health in Canada:
From Politics to the People

La santé publique au Canada :
des politiques aux êtres humains

www.cpha.ca

Canadian Public Health Association
98th Annual Conference
September 16-19, 2007
The Westin Ottawa / Ottawa Congress Centre
Ottawa, Ontario

In partnership with the Canadian Institute for Health Information – Canadian Population Health Initiative, the Canadian Institutes of Health Research – Institute of Population and Public Health and the Public Health Agency of Canada.

In association with the Ontario Public Health Association.

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Canadian Public Health Association

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Mission Statement

The Canadian Public Health Association is a national, independent, not-for-profit, voluntary association representing public health in Canada with links to the international public health community. CPHA's members believe in universal and equitable access to the basic conditions which are necessary to achieve health for all Canadians.

CPHA's mission is to constitute a special national resource in Canada that advocates for the improvement and maintenance of personal and community health according to the public health principles of disease prevention, health promotion and protection and healthy public policy.

CEO's *column*

Dear CPHA members,

As you are aware, I will be leaving the Canadian Public Health Association (CPHA) at the end of February to assume the position of President, Assisted Human Reproduction Canada (see: http://www.hc-sc.gc.ca/hl-vs/reprod/index_e.html).

My time with the CPHA has been the most challenging and exciting of my career. The members of CPHA have provided incredible support to me, personally and professionally, as we have worked to advance public health in Canada. CPHA is now positioned for the future – with a renewed governance model, strong Advisory Council and a Strategic Plan in three-year increments to carry us to 2017. Externally, we are well positioned in the health community and have developed a solid approach to representation on the Hill.

I would like to thank the Board, the staff at CPHA and all the members of the Association who have supported the changes and growth of the Association over the last several years.

The public health work is not yet finished; the Naylor Report is not fully implemented – much remains to be done. I know, though, that with your continued support for the Board, public health will be successful in being recognized as the foundation of the health system, and CPHA as the authoritative non-governmental voice for public health in Canada.

Thank you.

Elinor Wilson

Elinor Wilson, RN, PhD
Chief Executive Officer

Bi-annual CIC recognizes importance of immunization

"Celebrating Immunization in Canada – Achievements and Opportunities" was the theme of the recent bi-annual Canadian Immunization Conference. This conference recognizes immunization as an important and successful public health measure. Immunization prevents and controls disease, improves health, and reduces the burden of caring for those who fall ill as a result of a preventable infectious disease.

In Canada, we have made tremendous progress through partnerships and advocacy to advance this important cause and we should celebrate these achievements. However, as public health professionals, we must look ahead to the challenges and opportunities that will affect the health of Canadians and people around the world. It is important that we continue our efforts to ensure that all Canadians have equal access to immunization. This includes the new recommended vaccines that are now entering the market.

Universal access to immunization is one of the goals of the National Immunization Strategy (NIS). In order to ensure the good health of Canadians, it will be crucial to have adequate and sustained funding.

Through the NIS, new publicly-funded immunization programs have been introduced across Canada. As a result, an additional 450,000 children each year are protected against serious infections such as meningitis, blood infections, pneumonia, ear infections, chicken pox and whooping cough. Vaccines provide some of the most effective methods of preventing infectious diseases in all ages and the NIS is an important factor in creating healthier communities.

Although most Canadians take immunization for granted, citizens in many developing countries do not have access to these life-saving vaccines. Poorer nations often cannot afford the required vaccines for their populations and lack the basic capacity to deliver meaningful immunization programs. These are fundamental challenges that are not easily solved.

In order to advance the cause of immunization in Canada and around the world, the Canadian Public Health Association (CPHA) is pleased to act as secretariat for the Canadian Coalition for Immunization Awareness and Promotion. This partnership brings 19 non-governmental organizations together with the Public Health Agency of Canada, Health Canada's First Nations and Inuit Health Branch, and five sponsor members. At the international level, CPHA administers the Canadian International Immunization Initiative (CIII) which delivers technical support to immunization programs in developing countries and in Central and Eastern Europe.

It is clear that much work remains. As we strive to introduce new vaccines, keep up with the latest science, and address basic, underlying issues related to the structure and funding of the public health system, we must remember that vaccines are an important disease-preventing tool that saves lives in Canada and around the world. ■

First prize winner of Canadian Immunization Poster Contest 2006

Hermina Paull of Summerberry, Saskatchewan, is the 12-year-old winner of the 2006 immunization poster contest. Her poster was selected from 3,171 entries from across Canada. All winning designs can be seen and downloaded from: http://www.immunize.cpha.ca/english/poster/contst06/contst06.htm

Hermina Paull's award-winning poster.

The immunization poster contest is sponsored by the Canadian Immunization Conference which is held every two years. CPHA was a collaborating partner in the conference, with the Public Health Agency of Canada (PHAC), Canadian Paediatric Society and the Canadian Association for Immunization Research and Evaluation. Prizes for the contest were donated by BIOTECanada Vaccine Industry Committee, K2 Sports, Lyreco office products, Canada Post and Canadian Geographic. ■

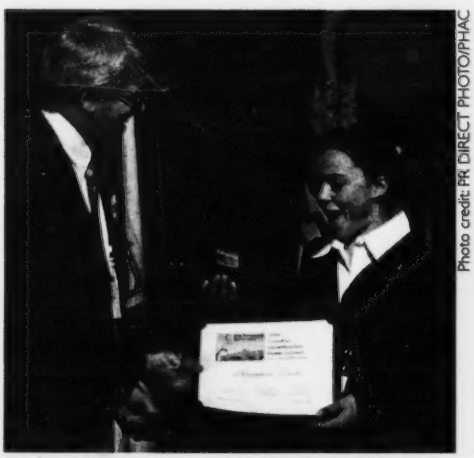

Photo credit: PR DIRECT PHOTO/PHAC

Hermina Paull receiving award from David Allison, CPHA member and CCIAP Co-Chair.

CPHA launches new teen website about alcohol: drinkingfacts.ca

Alcohol is the drug most frequently used by Canadian youth. According to the 2004 Canadian Addiction Survey, 91% of youth aged 15 and older have consumed alcohol. While youth drink alcohol less frequently than adults, when they do drink, they drink more. Heavy or 'binge' drinking is defined as having 5 or more standard drinks on one occasion.

Heavy drinking can lead to alcohol poisoning, impaired driving, physical injury, risky sexual behaviour, and lowered academic performance. Research tells us that the rates of heavy drinking among youth on a weekly and monthly basis are almost double those of adults. The rate of harm experienced by young people as a result of their own drinking is significantly higher than for adults.

For the period April 1 to December 31, 2006, CPHA received funding from Canada's Drug Strategy, Health Canada, to expand the 2005 Pot and Driving campaign http://www.potanddriving.cpha.ca/. During this expansion, CPHA built on the credibility and outreach of the Pot and Driving initiative by targeting the same adolescent audience – Canadian youth aged 14 to 18 years – but this time with a focus on high-risk, underage drinking.

Research activities included an environmental scan and a review of formal and grey literature on issues related to youth and alcohol. 'Key informant' interviews were conducted with experts to identify: best practices for influencing adolescents about high-risk drinking; training and awareness programs for parents, teachers, counselors, and youth; and evidence-based prevention and promotion interventions.

Exploratory focus groups were conducted with the youth target audience for information on attitudes and behaviours relating to high-risk drinking. Website concepts were also presented. Feedback from the focus groups guided the development of messages and resources.

Drinkingfacts.ca http://www.drinkingfacts.ca/ was launched on December 18, 2006, coinciding with the holiday season when many young people across the country would consume alcohol as part of their social activities. Drinkingfacts.ca is based on extensive research and conversations with young Canadians. Information is presented in a variety of formats, including quizzes, Q & A, Did you know? and an 'Alcopedia'. Youth tell their personal stories in candid videos and written format. Drinkingfacts.ca is designed to increase teens' knowledge of alcohol-related risks so they will be better equipped to make decisions about drinking. ■

Putting Organizational Health into the Healthy Workplace Picture

The Nova Scotia (NS) Department of Justice is the site of a unique, healthy-workplace research project – a first of its kind in Canada. The project, which runs from 2004 to 2008, will result in qualitative and quantitative Canadian data on the benefits of Comprehensive Workplace Health.

While other organizations have tackled pieces of workplace health by implementing fitness or other programs, the project, led by Dr. Lydia Makrides, director of the Atlantic Health and Wellness Institute, is implementing a Comprehensive Workplace Health model. This involves three components of workplace health: personal health and lifestyle practices, workplace culture and leadership, and musculoskeletal health and the physical work environment.

For more information on the project, please contact Dr. Makrides at 902-482-2494 or visit the Website at: www.wellnesssolutions.ca ■

Pandemic Communications: Spreading the Word, Not the Flu

Public health experts warn that we are overdue for an influenza pandemic. Although they cannot predict when this will happen, they urge everyone to take steps now to prepare for one. The Canadian Public Health Association (CPHA) is acting on this advice. With funding from the Public Health Agency of Canada (PHAC), CPHA is leading a one-year project to help Canadians prevent the spread of infection, prepare for a widespread public health emergency, and protect themselves from a pandemic strain of influenza.

Pandemic Influenza

Imagine the scenario. The H5N1 virus mutates into a strain that is more easily transmissible from human to human. Media reports track the growing incidence of the virus from limited to sustained transmission. The World Health Organization keeps stepping up the alert level and then announces to the world that we are in a pandemic situation. Daily reports show the virus spreading from place to place, country to country, from one continent to another. In as little as three months, perhaps less time, the first wave of the pandemic has spread around the world. How do we respond?

The assumption of pandemic planning in Canada and internationally is that advance preparation is the best defence against widespread fear, panic and social disorder. Influenza pandemics have recurred throughout human history. They have varied in their virulence and the extent of illness, death and socio-economic disruption. But they do recur. Knowing this, we need to prepare for the next one.

Disseminating public health information through established and credible networks is an important communications strategy in times of crisis, such as a pandemic. Equally important is the provision of advice that both informs people and empowers them to take practical actions. As part of its pandemic planning, PHAC is encouraging the establishment of communications networks in different social sectors and is funding CPHA to help achieve this.

The project's mandate is to develop a non-governmental communications network to disseminate information to member organizations, their staff members, the people they serve, and the broader public about how to prepare for an influenza pandemic. CPHA is guided by a multidisciplinary advisory committee of national organizations that represent a broad range of expertise, including health and home care, labour, business, local government, emergency preparedness, and faith communities.

Besides building the network, the main objective of the project is to develop and disseminate a tool kit of materials to raise public awareness about pandemic influenza. The primary focus of the tool kit is on non-medical interventions. These are basic public health practices that Canadians can take to prevent the spread of infection, prepare to cope in an emergency, and protect themselves during an influenza pandemic.

The intention of these tools is to inform and empower Canadians.

The tools have been produced in plain language to be as accessible as possible. To ensure this, some of the tools have been focus-tested with members of the general public, including adult learners with literacy challenges. Their feedback will help to improve the tools and increase the accessibility of the information. The tool kit will include: a poster, fact sheets, short videos, and materials to help organizations

...see *Pandemic*, page 7

Coming events

9th National Metropolis Conference
Exploring Canada's Diversity, Today and Tomorrow
Hosted by the Joint Centre of Excellence for Research on Immigration and Settlement - Toronto (CERIS)
1-4 March 2007 Toronto, ON
Health Plenary (one of six thematic plenaries): Health and Newcomer Wellbeing: Intersections of Gender, Poverty, and Racialization
Contact: www.metropolis2007.net

Strengthening Canadian Communities: A National Showcase on Community Safety, Health and Well-being
Hosted by the Canadian Association of Chiefs of Police
4-6 March 2007 Winnipeg, MB
Contact: www.cacp.ca
Tel: 613-233-1106

Primary Care Today Education Conference & Medical Exposition
Quality Time with Hard-to-Reach GP/FM's and Primary Care Professionals
10-12 May 2007 Toronto, ON
Contact: Primary Care Today
Tel: (toll free) 1-888-433-6786
Fax: 905-479-1364
E-mail: info@primarycaretoday.ca
www.PrimaryCareToday.ca

45th International Making Cities Livable Conference
True Urbanism: Designing for Social & Physical Health
Co-sponsored by The City of Portland & Portland Metro Planning Council
Co-organized with the University of Notre Dame School of Architecture
10-14 June 2007 Portland, OR
Contact: IMCL Conferences
Fax: +1- 831-624-5126.
E-mail: Suzanne.Lennard@LivableCities.org
www.LivableCities.org

CALL FOR ABSTRACTS
4th International Conference on Children's Health and the Environment
Risk-reduced Environments for Children
10-12 June 2007 Vienna, Austria
Organised by the International Network on Children's Health, Environment and Safety (INCHES) and by the Private University for Health Sciences, Medical Informatics and Technology (UMIT)
Contact: Conference Secretariat
c/o Julia Hellmann
Dept. of Public Health, Medical Decision Making and Health Technology Assessment, UMIT
Tel: +43 - 50 – 8648 – 3878
Fax: +43 - 50 – 8648 – 67 - 3878
E-mail: INCHES@umit.at
www.inchesnetwork.net
Deadline for abstracts: 1 February 2007

National Healthcare Leadership Conference
Innovation in Health Services: From Local Leadership to National Performance
Canadian College of Health Service Executives and Canadian Healthcare Association
11-12 June 2007 Toronto, ON
Contact: Manager, Conference Services
Canadian College of Health Service Executives
Tel: (613) 235-7219 or 1 800 363-9056 (ext. 12)
E-mail: fst-martin@cchse.org
www.healthcareleadershipconference.ca ■

Climate Change and Public Health

Given the wide range and sheer number of public health issues that must be dealt with on a day-to-day basis, climate change is not considered to be a top public health priority, according to interviews conducted by CPHA with 30 Medical Officers of Health and other public health experts. There is not a clear understanding of the issues or their significance for public health. Leadership and increased resources would be necessary to change that. "People are concerned in a vague way but don't see it applying to our area," said one expert. "It's more of a future issue. Not a here and now concern," said another informant.

These experts, however, clearly state that weather and climate do have significant impact on health. The top risks they identified are increased air pollution, extreme shifts in temperature, declines in quality and supply of water, declines in food security, and the spread of infectious diseases. Those considered most at risk from climate change are persons with chronic diseases, those living in areas vulnerable to flooding, and seniors. When asked if they foresaw a need to undertake new initiatives during the next ten years in order to reduce climate change-related risks to public health, informants were cautious, indicating they lacked adequate knowledge to make an informed prediction.

Climate, in a narrow sense, is usually defined as the 'average weather' over a period of time ranging from months to thousands or millions of years. Climate change refers to a statistically significant variation in either the mean state of the climate or in its variability, persisting for an extended period (typically decades or longer). Vulnerability is the degree to which a system is susceptible to or unable to cope with adverse effects of climate change.[1]

This report – *Snapshot of Adaptation and Response Capacity to Climate Change in Public Health* – was contracted by the Climate Change and Health Office at Health Canada and informed the "Synthesis Chapter for the Canadian Climate Change and Health Vulnerability Assessment 2007". It is available on CPHA's website at www.cpha.ca/english/natprog/natprog.htm#climate. ■

Reference

1. Intergovernmental Panel on Climate Change. IPCC Third Assessment Report, Climate Change 2001.

Health Centre at the Université du Québec en Outaouais and HIV/AIDS Affiliate to the Canadian Health Network commemorate World AIDS Day 2006

The Affiliates of the Canadian Health Network (CHN), including the HIV/AIDS Affiliate, work hard to provide a high-quality collection of electronic health resources. The success of this program relies not only on the Public Health Agency of Canada's Quality Assurance criteria for resource selection, but also on the network. In fact, CHN is a network of networks, with 20 Affiliates and 1,500 Network Contributors (organizations and agencies) providing electronic resources on health and prevention. The strength of the CHN is its collaborative relationships.

One example of this kind of collaboration is a recent activity organized by the HIV/AIDS Affiliate to the CHN (a program at CPHA). To commemorate World AIDS Day 2006, the HIV/AIDS Affiliate worked with the nurses of the Health Centre at the Université du Québec en Outaouais (UQO) to organize a full day of activities at UQO's Pavillon Alexandre Taché in Gatineau, Québec. A presentation on HIV testing and safe tattooing took place, and two guest speakers – one from the Bureau régional d'action sida (BRAS), and one from the Centre de santé et de services sociaux de Gatineau (CSSSG) – kindly shared their expertise and knowledge with UQO's students. A CHN information booth was also available and we thank the Canadian Federation for Sexual Health (the CHN Affiliate on Sexual and Reproductive Health) for their participation. Booklets and fact sheets on HIV transmission and basic information on sexual health were provided, and the condoms were very popular among youth visiting the booth.

Collaboration and networking make CHN diverse and allow for more accessible and inclusive health information for hard-to-reach populations in Canada. If your organization or agency would like to be part of the CHN network, just visit: www.canadian-health-network.ca and send a note through our Contact us link. ■

CANADIAN HIV/AIDS INFORMATION GATEWAY

Launch of CONNECT improves access to HIV/AIDS information

World AIDS Day (December 1, 2006) marked the launch of the CONNECT website: www.hivinfovih.ca.

CONNECT is a new joint library catalogue developed by five Canadian community-based HIV/AIDS organizations: AIDS Committee of Toronto, AIDS Vancouver, the Canadian AIDS Treatment Information Exchange (CATIE), the Canadian HIV/AIDS Information Centre, and the Canadian HIV/AIDS Legal Network.

CONNECT will prove to be an excellent resource, linking researchers, HIV/AIDS service providers, public health organizations, health care providers, people living with HIV/AIDS, people affected by HIV/AIDS, populations vulnerable to HIV/AIDS, lawyers, educators, and students with the vital information they need on HIV/AIDS.

You can use the website to search the collections of the five largest HIV/AIDS libraries in Canada: a combined collection of over 67,000 books, reports, videos, DVDs, posters, pamphlets, journal articles, and other resources on HIV/AIDS prevention, treatment, legal/ethical issues, emerging research, epidemiology and statistics, among many other topics.

CONNECT is a database. Each record in the database will tell you information about a resource that may contain the information you are searching for. The CONNECT database does not contain copies of the resources themselves. Some resources are available online, but to access many of them, you will need to contact the CONNECT partner library that has a copy of that resource.

The goals of the new HIV/AIDS information gateway are:

- to increase the capacity of Canadians to access quality HIV/AIDS information resources in all areas of HIV/AIDS simultaneously;
- to increase the capacity of users to find relevant HIV/AIDS information resources in less time and with a minimum amount of effort;
- to increase national awareness of the availability of resources related to HIV/AIDS;
- to increase the capacity of the partner agencies to respond to client information requests; and
- to increase collaboration, communication and capacity among the partner resource centres.

Discover what Canada's new HIV/AIDS information gateway can offer you by visiting www.hivinfovih.ca ■

Canadian HIV/AIDS Information Gateway
CONNECT
Portail canadien d'information sur le VIH/sida
Welcome
Search
How to use the site
What is CONNECT?
CONNECT Partners
Contact
Français
Welcome to CONNECT
CONNECT is a union catalogue. You can use it to search the library collections of the five largest HIV/AIDS libraries in Canada. That's a combined collection of over 67 000 books, videos, DVDs, journal articles, and other resources on HIV/AIDS prevention, treatment, and legal/ethical issues, among many other topics.
CONNECT is a Canadian partnership between community-based HIV/AIDS organizations. You can use the CONNECT website to find more information about the services at each library or to ask a question about HIV/AIDS resources using the "Ask us a question" form.
» Basic Search
» Advanced Search
Production of this website has been made possible by a financial contribution from the Public Health Agency of Canada. The views expressed herein do not necessarily represent the official policy of the Public Health Agency of Canada.
CONNECT Partners
ACT
AIDS Vancouver
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Production of the CONNECT website was made possible by a financial contribution from the Public Health Agency of Canada.

Pandemic, from page 5...

plan for a pandemic. The tool kit will be available in hard copy and online through the project website at www.pandemic.cpha.ca.

Although the project ends on March 31, 2007, CPHA is committed to the continuation of this communications network and is exploring ways to sustain the initiative. The goal that drives the project is to provide Canadians with clear, concise, factual information as well as practical and relevant guidelines that citizens can apply in their lives and that organizations can adopt in their workplaces.

With a well-informed and prepared population, governments can concentrate their resources and attention on the most vulnerable groups in our society. Whether the next influenza pandemic is as virulent as the 1918-19 Spanish Flu or not, preparedness stands us in good stead to cope with this and other public health emergencies. Planning and preparation strengthen our capacity to cope and our potential for resilience.

For more information, please contact Maureen Hartigan, CPHA Director of Communications, at mhartigan@cpha.ca or 613-725-3769, ext. 263. ■

CANADIAN PUBLIC HEALTH ASSOCIATION

2007 Ron Draper Health Promotion Award

Ron Draper was at the forefront of progressive social policy development for years. His vision, dedication and commitment to the first, second and third health promotion conferences were major contributions to moving health promotion forward nationally and globally.

The Ron Draper Health Promotion Award will be presented to an individual, group or organization engaged in community work. The Awards Committee will consider nominations on the basis of those who have made a significant contribution to health promotion by working in the community to: build healthy public policy, create environments that support health, enable community action, enhance personal skills, and/or re-orient health services.

This year's nominations should be submitted following the guidelines provided below and forwarded to the CPHA Awards Committee no later than **February 15, 2007**. Nominations received after this date cannot be considered for the 2007 awards. Nominations will be reviewed by the Awards Committee and the award will be presented during the International Union for Health Promotion and Education (IUHPE) Conference in Vancouver, British Columbia, in June 2007.

All CPHA members and CPHA Provincial/Territorial Public Health Associations (hereinafter referred to as "nominators"), are encouraged to nominate persons/groups who they feel are eligible to receive the award.

N O M I N A T I O N F O R M

I. Nominator (must be a CPHA member)

NAME

ADDRESS

CITY | PROVINCE | POSTAL CODE

OFFICE PHONE | HOME PHONE | FAX | E-MAIL

II. Nominee

NAME

ADDRESS

CITY | PROVINCE | POSTAL CODE

OFFICE PHONE | HOME PHONE | FAX | E-MAIL

III. Signature of Nominator

IV. Nominee Documentation

Because the CPHA Awards Committee must review all nominations it receives on the basis of the written description of the nominee, it is extremely important that nominators carefully submit all of the documentation requested below:

1. **Overview**
   A 300-word (maximum) description of the candidate's achievements, the nature and impact of the activities involved and the audiences reached.
2. **Biography/Profile**
   A 250-word (maximum) biography of the person or a profile of the organization/group.
3. **Letters of Recommendation**
   Three sponsors (exclusive of the nominator) should submit letters of recommendation in support of the nominee.

V. Submission & Deadline

Please return the completed nomination form by February 15, 2007 to:

Canadian Public Health Association Awards Committee, 400-1565 Carling Avenue, Ottawa, ON K1Z 8R1
Fax: (613) 725-9826

A resume will not be accepted in lieu of this completed form.

New Funding for the Southern African AIDS Trust (SAT)

From its inception in 2002, one of the expressed objectives of the CPHA Southern Africa AIDS Training (SAT) Programme, phase III was to establish SAT as a regional African organization. This process became a reality with the registration of the Southern African AIDS Trust (SAT) as an independent Trust in Zimbabwe in December 2003 and the creation of a Board of Trustees the following month. Later in 2004, CIDA modified its Contribution Agreement with CPHA to reflect the change in SAT's status as well as to rename the project as the Developing Community Competence for HIV and AIDS Response in Southern Africa (CCP Project). In 2005, SAT relocated its regional office from Harare to Johannesburg, South Africa and registered in South Africa as a Section 21 Company (non-profit).

SAT now has its own 3-year Strategic Plan (2005-08) which it is implementing with a financial contribution from CIDA and management and technical support from CPHA. In 2005/06, SAT started receiving funding from other donors, such as UNICEF and the Swedish International Development Agency (Sida). In 2006, CPHA worked closely with SAT and several donors in order to develop a common harmonized project support framework for funding SAT, called the Joint Financing Arrangement (JFA). This document was recently endorsed and signed by CIDA, Sida and the Royal Netherlands Embassy (RNE) during a Donor Coordination meeting in South Africa.

Jim Chauvin, CPHA Director of Global Health Programs, signing bilateral contract with RNE Representative, Corine Goldschmeding, and SAT Director of Country Programs, Hester Musandu.

In November and December 2006, Jim Chauvin, CPHA's Director of Global Health Programs on secondment with SAT, signed two bilateral agreements on behalf of SAT: a contract with the RNE for a total contribution of US $10 million for the period 2006-2009, and a contract with Sida for a total contribution of US $5.4 million over the same period. This additional funding will allow the organization to fully implement its current strategic plan as well as to develop its new five-year strategic plan and ensure a smooth transition between the two. ■

New CPHA Health Promotion Project in Brazil

The Canadian Public Health Association is pleased to announce that a new project has been approved by the Canadian International Development Agency (CIDA) under its Brazil-Canada Equity Promotion Program (KEEP Long-term Initiatives). The new three-year project entitled *Intersectoral Action for Health: Health Promotion as a Strategy for Local Development* was approved in October 2006.

The project seeks to strengthen capabilities at the local level to create and sustain improvements in the social and physical environments of communities in order to improve health outcome. The project will be implemented in Brazil in partnership with CPHA's sister public health organization, ABRASCO (the Brazilian Association of Graduate Studies in Collective Health), and ENSP-Fiocruz, the Sergio Arouca National School of Public Health at the Oswaldo Cruz Foundation, which is the leading public health institution in Brazil. Six local partners/municipalities in Brazil will be involved in the project. They include Campinas, Curitiba, Goiás, Manguinhos, Recife and Sobral.

CPHA has recruited two new staff to work on this project: Ms. Gisele Cannalonga as project assistant and Ms. Helena Monteiro as project coordinator, based in Sao Paulo, Brazil. A first project implementation planning workshop took place in Brasilia in early December 2006. The workshop brought together all the Brazilian partners as well as CPHA and Ms. Jocelyne Bernier from the Groupe de Recherche Interdisciplinaire en Santé (GRIS) at the Université de Montréal. It is expected that the Project Implementation Plan will be completed in January 2007 and that activities will commence shortly thereafter. ■

Strengthening Civil Society's Voice for Public Health in the Balkans

CPHA Balkans team in new Banja Luka office. From left to right, Cheryl Boon, Nole Novakovic and Stela Stojisavljevic.

Civil society has not, to date, played a significant role in shaping public health priorities, programs and policies in the Balkans. CPHA and our partners in Serbia and in Bosnia and Herzegovina (BiH) are hoping to change that. With financial support from the Canadian International Development Agency (CIDA), CPHA is working with the Public Health Association of Serbia and with our key contacts in BiH to strengthen the capacity of public health associations (PHAs) and other stakeholders to promote public health and public health programs as well as policies, and to participate in public health networks.

The public health challenges in the Balkans are significant in the wake of the political and economic turmoil that has affected the region over the past two decades. Poverty and unemployment are high, and are accompanied by very high rates of tobacco, alcohol and drug use. Contraceptive prevalence is low and other reproductive health indicators reflect the challenges of poverty, gender violence, and lack of access to health education or appropriate services for the prevention of unwanted pregnancies and sexually transmitted infections, particularly for adolescents.

One of our initial project priorities is strengthening the organizational capacity of the PHA in Serbia and fostering the development of two new public health associations in the two "entities" of BiH. This work is currently supported by our new Public Health Project Officer (Stela Stojisavljevic) in our new project office in Banja Luka and by our Administrative Officer (Nole Novakovic) in Belgrade.

Discussions on the establishment of these new associations in BiH are moving forward, following two recent missions to the Balkans by CPHA's Interim Project Director, Cheryl Boon. Cheryl was joined in November by CPHA member and former CEO, Gerry Dafoe, whose presentations about the role of public health associations were well received. Cheryl, Gerry and our locally-engaged staff also met with the Minister of Health in Republika Srpska and with the Deputy Mayor of Sarajevo, who were enthusiastic about our project plans. There is a growing awareness in some circles of the importance of well-coordinated, multidisciplinary approaches to public health. Each of the public health associations will engage in environmental scans and strategic planning exercises over the coming months to establish their strategic priorities and plans.

A number of missions by Canadian technical advisors will be facilitated over the next year to help strengthen the organizational capacity of the PHAs, to help develop public health training strategies, review public health functions and infrastructure, and promote research and action on tobacco control. Throughout the project, activities will be undertaken to improve awareness and action on gender and public health.

Anyone interested in being considered for a short-term volunteer technical mission as an advisor to our partners in Serbia and BiH (this usually involves one or two short missions - 7 days duration per mission, with travel expenses paid through the project) should send a CV and a cover letter to the Director, Global Health Programs, at: jchauvin@cpha.ca

We are also strengthening linkages of these emerging and nascent PHAs with the regional and international networks, through participation in meetings and conferences of the World Federation of Public Health Associations (which Serbia has joined), the European Union of Public Health Associations, the South East European network of Public Health Associations, and the Canadian Public Health Association. Serbian delegates also gained new skills through their participation in the Summer School in Health Promotion in Toronto in June 2006.

There are many challenges ahead and the next year promises to be a busy one for the project. Stay tuned for updates! ■

Canadian International Immunization Initiative Phase 2 (CIII-2):
CPHA Immunization Project – Technical Assistance and Awareness Components

Immunizing children on the roof of the world!

Carol Mulder was recruited by CIII-2 in the winter of 2006 as a Data Manager to join the polio eradication initiative in Nepal as a member of the STOP (Stop Transmission of Polio) Team 21 from February to April. The following is a small taste of Carol's journey and reflects part of her professional and personal experience overseas.

Confident and prepared for her work in Nepal, Carol was alternately surprised, amused and always fascinated by the day-to-day reality of Nepal.

Though small in frame compared to Carol (far right), the Nepalese proved to be bighearted and engaging. Her new temporary home offered soaring views of mountains and feudal villages, devoted religious practitioners in intensely coloured clothing, fresh exotic smells of spicy cooking and hot thick tea. Her work with health colleagues, encounters with people in villages and towns and cities gave her energy and deepened her commitment to international work.

"Health workers conduct a massive polio vaccination blitz in a single day to vaccinate all children under five years old. On the second day, they do 'mopping up', going from house to house to find any children who might have been missed."

"Areas around Biratnagar are at particularly high risk for polio because the routine immunization rates are low, political issues have interfered with recent immunization blitzes and cross-border traffic is high with India which has numerous polio cases of its own. So, I had a very interesting time!"

During her mission, Carol stayed in touch with friends and family by email and, being an avid photographer, she sent along many photos that gave her readers a glimpse of life at the roof of the world.

Initially, the main objective of Carol's STOP mission was to implement a nation-wide surveillance data entry process using Epi Info. Upon arrival, an assessment of the current challenges in data management were conducted and based on this, the Terms of Reference were revised to focus on three major activities: training in the use of Epi Info for data analysis, streamlining data entry in the national office and increasing emphasis on documentation (e.g., Standard Operating Procedures (SOP), project planning, evaluation, etc.).

"Most of the photos here are from my field trip to the districts to observe sub-National Immunization Days (NIDs). I went to Biratnagar and points much further afield on the plains of Nepal on the border with India."

Despite the fact that Carol's STOP mission ended abruptly a few weeks earlier than planned because of increasing political unrest in the country, certain STOF activities continued to take place through the efforts of the Nepal WHO staff and with the support of the SEARO office in Delhi.

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Dr. Margaret Chan takes office as Director-General of the World Health Organization

On January 4, 2007, Dr. Margaret Chan of China took office as Director-General of the World Health Organization (WHO) following her election in November. Dr. Chan, 59, holds Chinese and Canadian citizenship, and received her medical degree from the University of Western Ontario. She was nominated for the WHO's top job by China and is the first Chinese citizen to hold such a high-ranking United Nations position.

Dr. Chan became Director-General after serving as head of the WHO's pandemic preparations. She has set out six priority areas on which she intends to focus the work of WHO: development for health, health security, building the capacity of health systems, developing better information and knowledge, enhancing partnerships and improving the performance of the Organization.

Dr. Chan was appointed by the World Health Assembly in November 2006. Her term of office will run until June 30, 2012. ■

Immunization, from page 11...

Several recommendations were given at the end of the assignment, however one of the key aspects of this mission which stood out for Carol and which could be said for other similar type missions is the importance of *"coaching vs. doing"*. As Carol points out, "while most of the STOP mission work involved teaching and coaching, it was difficult to resist the temptation to simply do things on occasion. This invariably back-fired! Involving [local staff] in the task would certainly have provided opportunity to gain [their] insight earlier, as it did for most other activities in the mission. The other problem with doing vs. coaching is the sustainability of the activity. Work that was done completely collaboratively appears to be ongoing after the mission, independent of further intervention by the STOP data manager. Work that was less collaborative appeared to require more intervention from the STOP data manager both during and after the mission to sustain interest and attention." All of the work that was accomplished during those 3 months was a result of the willing and able participation of in-country and out-of-country staff and colleagues.

"Finally, many thanks to the people of Nepal for welcoming me into your country at a time when you could be forgiven for being a little preoccupied with your own survival. The UN drivers were unfailingly helpful and friendly, explaining local history, translating jokes, teaching me Nepali or fetching chocolate as the occasion demanded. The office staff also did everything to make me feel comfortable and safe. Thanks also to the many Nepali people who tolerated my photographic curiosity and to all you willing intermediaries who went out of your way to transport the resulting photographs back to the source. Even with all of my 24 Nepali words, I can't express how much my time with you means to me."

Although this assignment came with its challenges, Carol managed to work really well and gain an unforgettable experience. As quoted from a Nepali trekking brochure: *"Don't come to change Nepal – come to be changed by Nepal..."* and Carol managed to do exactly that!

To read more about Carol's experience and to see additional pictures from her trip, her feature story will be available on the website in the coming weeks. ■

The CIII is funded by the Government of Canada, through the Canadian International Development Agency (CIDA). The aim of the CIII-CPHA is to rapidly meet the demands of partner organizations in developing countries who need Canadian technical advisors with expertise in the field of immunization. The CIII works in partnership with the World Health Organization (WHO), the Pan American Health Organization (PAHO), the United Nations Children's Fund (UNICEF), the Global Health Research Initiative (GHRI) and the CPHA.

Get Involved with the Canadian International Immunization Initiative (CIII)

We are looking for people like you with extensive experience in immunization, disease surveillance, epidemiology or data management programs who have cross-cultural experience.

If you can work in French and any other languages, this will be extremely helpful.

For information, please contact the Canadian International Immunization Initiative at ciii@cpha.ca or visit our website at www.cpha.ca/programs/ciii/en/index.html

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